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Mar 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L99205

(1)

1. Corporation Name
I.D.S.C., INC.



Principal Place of Business

4701 SW 45TH STREET
BLDG. 15 BAY 24
DAVIE FL 33314-3999

Mailing Address

4701 SW 45TH STREET
BLDG. 15 BAY 24
DAVIE FL 33314-3999

2. Principal Place of Business

21 2115 NE 44 STREET

22 City & State
23 Lighthouse Point, FL

24 33064 25 USA

2a. Mailing Address

26 2115 N.E. 44 STREET

27 City & State
28 Lighthouse Point, FL

29 33064 30 USA

3. Date Incorporated or Qualified
09/07/1990

3a. Date of Last Report
04/19/1996

4. FEI Number
65-0197163

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

ASKEW, WILLARD W, JR
4701 SW 45TH ST.
BLDG. 15 BAY 24
DAVIE FL 33314-3999

10. Name and Address of New Registered Agent

81 Name ASKEW, WILLARD W, JR.

82 Street Address (P.O. Box Number is Not Acceptable)

2115 NE 44 ST.

84 City Lighthouse Point.

FL

85 Zip Code 33064

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Willard W. AskeW Jr. Willard W. AskeW Jr. 3/20/97

12. OFFICERS AND DIRECTORS

D ASKEW, WILLARD W JR
4701 SW 45TH ST. BLDG. 15 BAY 24
DAVIE FL 33314-3999
Lighthouse Point, FL 33064

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

Willard W. AskeW Jr. 3/20/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0273304

CR2E034 (9/96)